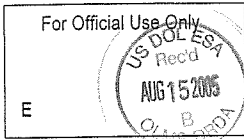


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8589</b>	2. Fiscal Year Covered From:  <b>01 / 01 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing.  Name <b>ALAN PEGARELLA</b>  P.O. Box, Bldg., Room No., if any  Street <b>2012 MEADOWLARK DRIVE</b>  City <b>MODESTO</b>  State <b>CALIF</b> ZIP Code + 4 <b>95355</b>	4. Name, file number, and address of labor organization.  Name <b>UFCW, WINE, DISTILLERY &amp; ALLIED WORKERS, LOCAL 186D</b> Labor Organization File Number <b>061-171</b> P.O. Box, Building and Room Number, if any  Street <b>329 DOWNEY AVENUE</b>  City <b>MODESTO</b>  State <b>CALIF</b> ZIP Code + <b>95354-1297</b>
5. Position in labor organization. <b>BUSINESS REPRESENTATIVE, PENSION TRUSTEE</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

**HAVE PROVIDED REASONABLE ESTIMATES IN GOOD FAITH. I WILL FILE AN AMENDED LM-30 FOR 2004 IF MORE COMPLETE INFORMATION BECOMES AVAILABLE.**

Signed *Alan Pegarella* On *8/8/05* *209/524-4245*  
Date Telephone Number

Name of Person Filing <b>ALAN PEGARELLA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN TRUST</b> Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>PO Box 9800</b> Street <b>770 E. Shaw Avenue</b> City <b>Fresno</b> State <b>CA</b> ZIP Code + 4 <b>93720-7708</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer												
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN TRUST</b> Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>PO Box 9800</b> Street <b>770 E. Shaw Avenue</b> City <b>Fresno</b> State <b>CA</b> ZIP Code + 4 <b>93720-7708</b>	11.a. Nature of such dealing.  <b>Between Union and Trust Employer contributions on behalf of Union members.</b>												
	11.b. Approximate dollar value of such dealing. <b>\$1,093,398</b>												
	12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">3/30/04 IFEB Airfair 11/04</td> <td style="width: 20%; text-align: right;">\$370.90</td> </tr> <tr> <td>5/10/04 TRUSTEE MTG 4/29-30/04</td> <td style="text-align: right;">59.09</td> </tr> <tr> <td>8/5/04 TRUSTEE MTG 7/29-31/04</td> <td style="text-align: right;">157.17</td> </tr> <tr> <td>8/31/04 IFEBP 11/04</td> <td style="text-align: right;">1459.00</td> </tr> <tr> <td>12/7/04 TRUSTEE MTG 11/19-20/04</td> <td style="text-align: right;">67.50</td> </tr> <tr> <td>12/17/04 IFEBP CONF. 11/04</td> <td style="text-align: right;">176.45</td> </tr> </table>	3/30/04 IFEB Airfair 11/04	\$370.90	5/10/04 TRUSTEE MTG 4/29-30/04	59.09	8/5/04 TRUSTEE MTG 7/29-31/04	157.17	8/31/04 IFEBP 11/04	1459.00	12/7/04 TRUSTEE MTG 11/19-20/04	67.50	12/17/04 IFEBP CONF. 11/04	176.45
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12/7/04 TRUSTEE MTG 11/19-20/04	67.50												
12/17/04 IFEBP CONF. 11/04	176.45												
	12.b. Amount. <b>\$2,290.11</b>												

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <b>ALAN PEGARELLA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNION BANK OF CALIFORNIA</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>475 SANSOME STREET, 12TH FLOOR</b> Street</p> <p>City <b>SAN FRANCISCO</b></p> <p>State <b>CA 94111-3142</b> ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization <b>XX</b></p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN TRUST</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>PO BOX 9800</b></p> <p>Street <b>770 E. SHAW AVENUE</b></p> <p>City <b>FRESNO</b></p> <p>State <b>CA 93710-7708</b> ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>MONEY MANAGEMENT, INVESTMENTS ON BEHALF OF THE TRUST. HANDLES COMMERCIAL BANKING AND IS THE CUSTODIAN OF THE ASSETS.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$71,560</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>IFEBP CONFERENCE IN NEW ORLEANS 11/29-12/4/04</b> <b>UBOC AND BENEFIT ADMINISTRATION TOOK UNION TRUSTEES TO DINNER. MY SPOUSE DID NOT GO TO N.O.</b></p> <hr/> <p>12.b. Amount. <b>\$62.50</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>ALAN PEGARELLA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BENEFIT ADMINISTRATION</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>PO BOX 9800</b></p> <p>Street</p> <p>City <b>FRESNO</b></p> <p>State <b>CA 93794-0800</b> ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization <b>XX</b></p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN TRUST</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>PO BOX 9800</b></p> <p>Street <b>770 E. SHAW AVENUE</b></p> <p>City <b>FRESNO</b></p> <p>State <b>CA 93710-7708</b> ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>BETWEEN UNION AND TRUST EMPLOYER CONTRIBUTIONS ON BEHALF OF UNION MEMBERS</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$277,694</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>IFEBP CONFERENCE IN NEW ORLEANS 11/29-12/4/04 BENEFIT ADMINISTRATION AND UBOC TOOK UNION TRUSTEES TO DINNER. MY SPOUSE WAS NOT WITH ME.</b></p>
	<p>12.b. Amount. <b>\$62.50</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	Alan Pegarella	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name       McMorgan &amp; Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street       One Bush St., Suite 800</p> <p>City         San Francisco</p> <p>State        CA                      ZIP Code + 4   94104-4425</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>XX b. Trust</p> <p>c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name        California Winery Workers Pension Plan Trust</p> <p>Trade Name, if any:       Benefit Administration</p> <p>P.O. Box, Bldg., Room No., if any       PO Box 9800</p> <p>Street       770 East Shaw Avenue</p> <p>City         Fresno</p> <p>State        CA                      ZIP Code + 4   93794-0800</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p> <p>11.b. Approximate dollar value of such dealing.       Not sure</p> <p>12.a. Nature of interest held or income received.</p> <table border="0"> <tr> <td>1/29/04 Dinner</td> <td>not known</td> </tr> <tr> <td>4/29/04 Dinner</td> <td>not known</td> </tr> <tr> <td>11/18/04 Dinner</td> <td>\$82.30</td> </tr> </table> <p>Dinners prior to Pension meeting, for all to attend.</p> <p>12.b. Amount.   don't know full or estimated amounts</p>	1/29/04 Dinner	not known	4/29/04 Dinner	not known	11/18/04 Dinner	\$82.30
1/29/04 Dinner	not known						
4/29/04 Dinner	not known						
11/18/04 Dinner	\$82.30						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer                      or Consultant                      ?</p>	<p>14.b. Amount of payment.</p>